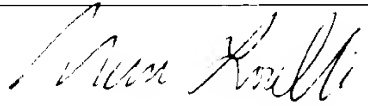
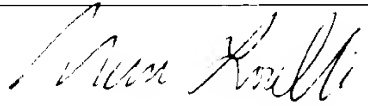
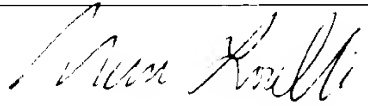


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional application under 37 CFR 1.53(b))	Attorney Docket No.	99-129	Total Pages 27
	First Named Inventor or Application Identifier		
	Ivanescu et al.		
	Express Mail Label No.	EE096002310US	
Application Elements See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patent Box Patent Application Washington, D.C. 20231	
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> [Total Pages 1] (Submit an original, and a duplicate for fee processing)</p><p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages 18- including cover sheet] (preferred arrangement set forth below)</p><ul style="list-style-type: none"><li>-Descriptive title of the invention</li><li>-Cross References to Related Applications</li><li>-Statement Regarding Fed sponsored R&amp;D</li><li>-Reference to Microfiche Appendix</li><li>-Background of the Invention</li><li>-Brief Summary of the Invention</li><li>-Brief Description of the Drawings (if filed)</li><li>-Detailed Description</li><li>-Claim(s)</li><li>-Abstract of the Disclosure</li></ul><p>3. <input checked="" type="checkbox"/> <b>Drawings(s)</b> (35 USC 113) [Total Sheets 4]</p><p>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages 2]</p><ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting Inventor(s) named in the prior application See 37 CFR 1.63(d)(2) and 1.33(b).</li></ul><p>5. <input type="checkbox"/> <b>Incorporation By Reference</b> useable if Box 4b is Checked) The entire disclosure of the prior Application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by references therein.</p></div><div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"><p>6. <input type="checkbox"/> <b>Microfiche Computer Program</b> (Appendix)</p><p>7. <b>Nucleotide and/or Amino Acid Sequence Submission</b> (If applicable, all necessary)</p><ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul></div></div>			
<b>ACCOMPANY APPLICATION PARTS</b>			
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)) [Total Pages ]</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages 1] <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>16. <input type="checkbox"/> Other: _____</p>			
17. If a CONTINUING APPLICATION, Check appropriate box and supply the requisite information:  <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below  (Insert Customer No. or Attach bar code label here)			
NAME	Marc Lorelli		
ADDRESS	DaimlerChrysler Intellectual Capital Corporation CIMS 483-02-19		
	800 Chrysler Drive East		
CITY	Auburn Hills	STATE Michigan	ZIP CODE 48326-2757
COUNTRY	United States	TELEPHONE (248) 576-5294	FAX (248) 576-7905

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1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <b>03-1800</b> Deposit Account Name <b>DaimlerChrysler Intellectual Capital Corp.</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Money Order <input type="checkbox"/> Check Other		3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Lrg. Ent. Fee Code</th> <th style="text-align: left;">Lrg. Ent. Fee (\$)</th> <th style="text-align: left;">Sm. Ent. Fee Code</th> <th style="text-align: left;">Sm. Ent. 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